

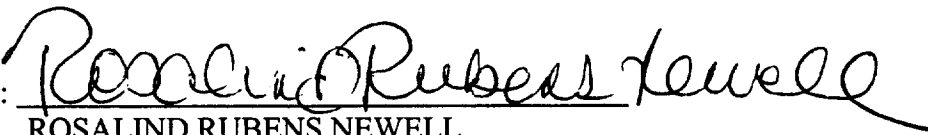
Entered - 3-5-01- sb
CL - 01L0164 ALEXIS HOLMES

01- R -1033

CLAIM OF: **ENTERPRISE RENT-A-CAR**
3109 Maple Drive
Suite 325
Atlanta, Georgia 30305

For damages alleged to have been sustained as a result of vehicle
accident on November 12, 2000 at 865 Martin Luther King, Jr. Drive.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0164

Date: 6/25/01

Claimant /Victim ENTERPRISE RENT-A-CAR

BY: (Atty) _____

Address: 3109 Maple Drive, Suite 325 Atlanta, Georgia 30305

Subrogation: _____ Claim for Property damage \$ 1,009.16 Bodily Injury \$ _____

Date of Notice: 2/26/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/12/00 Place: 865 Martin Luther King, Jr. Drive

Department Public Works Division: Solid Waste and Transportation

Employee involved Stanley Bryant Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: The claimant sustained damage to its vehicle when the driver of a City vehicle backed into the claimant's parked vehicle. An investigation determined that this claim was duplicative of claim number 01L0126 filed on February 26, and it was amicably resolved on April 3, 2001.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written X Oral _____

Pictures X Diagrams X Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

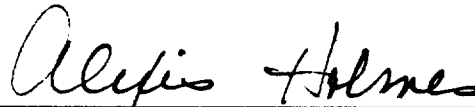
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-26-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2-19-01

ENTERED - 3-5-01 - SB
01L0164 - ALEXIS HOLMES

02-26-01 110:00 IN

FEB 26 2001

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,609.16 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 12/08/00 11/12/01 2. Time of Incident: 6:00 PM 3. Police called: ✓
(month/day/year) Yes No

4. Location of incident (including street address): 863 Martin L. King Jr Dr NW / Ashby ST NW

5. Name of your insurance company: Self Insurer Certificate Policy No. SI 2001-100

6. State what and how incident occurred: Stanley Bryant hit the parked Enterprise car while backing up.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle:	<u>Pontiac Grand AM</u>	<u>2000</u>	<u>481WY</u>	<u>Kwane Fisher Jones</u>
	(Make)	(Year)	(Tag Number)	(Driver's Name)
City vehicle:	<u>Kodiak</u>	<u>Stanley Bryant</u>	<u>?</u>	
	(Make)	(City Driver's Name)	(Department/Bureau)	

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above. Enterprise Leasing Co. of GA

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Shannetta Reid

Signature of Claimant

Shannetta Reid

(Print Claimant's Name)

3109 Maple Drive Suite 325

(Address)

Atlanta, GA 30305

(City, State and Zip Code)

404-442-7086

(Work Number)

(Home Number)

01- R-1033